



I, _____, certify that I am the participant (hereinafter "Participant"). Participant intends to engage in some or all of the following physical activities provided by Krav Maga Israeli, LLC ("Company"), to include: conditioning, self-defense, martial arts, boxing, weapon use/ deployment/ handling/ manipulation, firearm training, or other cardiovascular exercise ("Activities"). In consideration of the educational and health benefits and opportunities afforded by Company to Participant, by engaging in the Activities, Participant hereby states and unconditionally agrees as follows:

I have consulted with a healthcare professional and agree that I may experience potential health risks, bodily injury, or death associated with these Activities and I assume full responsibility for these risks or injury. I understand that the potential risks are essential to the Activities and, therefore, cannot be eliminated. I understand that these risks include bodily injury ranging from minor physical abrasions or strains, to major injuries including overexertion, concussions, spinal injuries, disfigurement, infections, and other injuries that may cause paralysis, illness, disease or even death, as well as psychological injury.

I understand that the following describes some, but not all of the risks, and that participation in these Activities will include a variety of inherently dangerous scenarios that may result in injury, death or property damage, to include:

- Equipment failure and/ or malfunction;
- Failure to properly maintain equipment;
- Inadequate instruction, training or supervision;
- Failure to follow instructions;
- Participants exceeding their own skills or physical condition;
- Participant's own negligence and/ or the negligence of others;
- Dehydration, exhaustion, cramps, hypothermia and/ or fatigue;
- Impacts or collisions with other Participants, equipment, or other objects;
- Impacts or collisions with the ground and/ or floors;
- Firearm-related injuries, including gunshot wounds;
- Bladed instrument related injuries, including cuts or stab wounds.

I acknowledge that there may be other risks not known to me or Company, and which are not reasonably foreseeable. Such injuries could cause severe physical, social and economic losses. The injuries and losses set forth herein might result from Participant's own actions, inactions or negligence, or the actions, inactions or negligence of others taking part in the Activities. In addition, the injuries and losses could result from the actions, inactions or negligence of Company's agents and representatives. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF OTHER PARTIES**, and assume full responsibility as a Participant.

Throughout the duration of the Activities, I hereby grant permission to Company and its representative, including any other qualified Participant, to administer, authorize and consent to any emergency medical treatment, procedure, or provision of medication or medical assistance of any kind for the Participant, and I agree that such action shall be subject to the terms of this Agreement. I hereby authorize any provider of medical services to rely on this consent. I understand Company does not provide Participants with accident insurance. I accept full responsibility for the cost of medical care or treatment for any injury I sustain arising out of my Participation in these Activities.

ON BEHALF OF MYSELF, THE PARTICIPANT, AND EACH AND EVERY ONE OF MY HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, I UNEQUIVOCALLY ASSUME ALL RISKS RELATED TO PARTICIPATING IN THE ACTIVITIES, INCLUDING BUT NOT LIMITED TO THE RISKS IDENTIFIED ABOVE, THAT MAY ARISE OUT OF OR PERTAIN TO PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES.



ON BEHALF OF MYSELF, THE PARTICIPANT, AND EACH AND EVERY ONE OF MY HEIRS, REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, TO THE FULLEST EXTENT PERMITTED BY LAW, I AGREE TO FOREVER RELEASE, INDEMNIFY, AND HOLD COMPANY HARMLESS FROM ANY CLAIMS OR CAUSES OF ACTION (WHETHER SOUNDING IN TORT [NEGLIGENCE, NEGLIGENT HIRING/ TRAINING/ SUPERVISION, WRONGFUL DEATH, OR OTHERWISE], CONTRACT, WARRANTY, STATUTORY LIABILITY, STRICT LIABILITY, OR OTHERWISE), DEMANDS, OR EXPENSES (INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES AND COSTS) OF ANY KIND OR NATURE WHATSOEVER THAT IN ANY WAY ARISE OUT OF, RESULT FROM, OR PERTAIN TO PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES.

I understand that Company reserves the right to take photographs or film of Participant (of whatsoever nature) and hereby grant to Company permission, authority and license to use my name or likeness in photographs, videos, or audio while engaged in the Activities and that these recordings may be further used and/ or disseminated by Company, without remuneration to me, for the purpose of teaching, training, instruction and/ or marketing utilizing various types of media methods to include social media, radio, television and printed promotional material.

I understand and agree that Company is not responsible for property that is lost, stolen, or damaged while in, on or about the premises where Activities are taking place and that it is my sole reasonability to secure all items of personal property in a safe and secure location.

Dress Code: I understand that for safety and professionalism, all participants must follow the Company's dress code and attire requirements. I agree to comply with the posted and provided dress code and acknowledge that failure to do so may result in limited or discontinued participation at the instructor's discretion.

Warning: This Agreement is a binding contract, governed by the laws of the State of Alaska, Third Judicial District at Anchorage, that shall be the sole venue, and which prevents you, the Participant, and your collective heirs, representatives, executors, administrators, and assigns from bringing any lawsuit against the Company or its agents and assigns, arising out of or pertaining to Participant's participation in the Activities, including but not limited to any negligence acts or omission claims. This document affects your substantial legal rights and remedies. Please read it carefully before proceeding.

FULLY UNDERSTANDING ALL OF THE ABOVE, WITH FULL AUTHORITY AND IN A SOUND STATE OF MIND, HAVING HAD REASONABLE TIME TO SEEK ASSISTANCE IN UNDERSTANDING THIS AGREEMENT, I UNEQUIVOCALLY AGREE TO THE TERMS OF THIS AGREEMENT.

Participant Signature: _____ Date: _____

Participant Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

How did you hear about us? Google ☐ Social Media ☐ Family/Friend ☐ Other ☐ _____